



§483.25(d) F315 –RESIDENT with INDWELLING URINARY CATHETER

Based on QIS CE Pathway CMS-20068 - Urinary Incontinence, Urinary Catheter, UTI

<http://www.aging.ks.gov/Manuals/QISManual.htm>

Use of this tool is not mandated by KDADS for regulatory compliance nor does its completion ensure regulatory compliance. It is a resident specific review tool for staff to complete on a resident who has an indwelling catheter. Additional critical thinking skills should be applied for a thorough evaluation.

DATE DUE: _____

RESIDENT NAME: _____

DATE(S) OF COMPLETION: _____

STAFF COMPLETING RESIDENT REVIEW: _____

RESIDENT CRITERIA - Has Indwelling Catheter

CODING INSTRUCTIONS

- Review the resident's assessment and care plan to see if the resident's concerns and needs were identified and addressed.
- Observe the resident, the care s/he receives and conduct interviews of the resident/family/representative and staff to see if the resident is receiving appropriate care and services.
- Based on your findings
 - Check the appropriate box: Yes ☐ No ☐
 - If the item does not apply to the resident leave the box blank.

F315 – RESIDENT with INDWELLING CATHETER

Review ASSESSMENT

Does Care Area Assessment (CAA) specify or direct to documentation in clinical record that accurately and comprehensively assesses resident's overall condition of having an indwelling catheter including the following items:

- ☐ ☐ Description of condition requiring use of catheter, including diagnosis
- ☐ ☐ Appropriate rationale for using indwelling catheter, e.g. urinary retention that cannot be treated; corrected medically or surgically contamination of a Stage III or IV pressure ulcer on sacrum that has impeded healing
- ☐ ☐ Resident's response to catheter
- ☐ ☐ Potential or actual complications related to catheter use
- ☐ ☐ Alternatives implemented to prevent extended use of indwelling catheter
- ☐ ☐ Resident's fluid intake and hydration status
- ☐ ☐ Evaluation of factors possibly contributing to recurring, persistent, or chronic UTIs
- ☐ ☐ Rationale for care plan objective and goal

Review CARE PLAN

Care Plan

- ☐ ☐ Has quantifiable, measurable objective with timeframes to be able to assess whether the objectives have been met
- ☐ ☐ Based upon resident's goals, needs, risks and strengths
- ☐ ☐ Based upon resident choices and preferences, and interdisciplinary expertise
- ☐ ☐ Reflects comprehensive assessment (MDS & CAA)
- ☐ ☐ Promotes resident dignity
- ☐ ☐ Identifies use of catheter, including indication
- ☐ ☐ Specifies need for assessment and removal of indwelling catheter when no longer needed
- ☐ ☐ Addresses potential psychosocial complications of catheterization, such as social withdrawal, embarrassment, humiliation, isolation, and resignation

Interventions include:

- ☐ ☐ Specific guidance for provision of services and treatments, i.e. catheter care, process for changing catheter and bag
- ☐ ☐ Promotion of sufficient fluid intake, including alternatives, such as food substitutes that have a high liquid content when s/her has a reduced fluid intake

F315 – RESIDENT with INDWELLING CATHETER

Review CARE PLAN continued

- ☐ ☐ Techniques for preventing skin breakdown from prolonged exposure to urine if catheter leaking
- ☐ ☐ Measures for minimization of infection risk, e.g. personal hygiene, and catheter/tubing/bag handling and care
- ☐ ☐ Measures to minimize catheter-related injury and accidental removal, pain, encrustation, excessive urethral tension, or obstruction of urine outflow
- ☐ ☐ When care plan refers to nursing home protocol for indwelling catheter use and care, deviations from or revisions to protocol for resident are clarified
- ☐ ☐ Protocol referenced in care plan available to caregivers and staff familiar with protocol requirements

Review CARE PLAN REVISION

Resident's condition and effectiveness of care plan interventions monitored and care plan revisions based upon following:

- ☐ ☐ Factors resolved that necessitated use of catheter
- ☐ ☐ Occurrence of complications associated with catheter usage
- ☐ ☐ Failure to comply with provision of care for catheter and alternative approaches developed
- ☐ ☐ Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems
- ☐ ☐ Evaluation of resident's level of participation with and response to care plan
- ☐ ☐ Resident's refusal or resistance to services requiring alternative means to address use of catheter, provision of catheter care, and management of catheter tubing and bag

OBSERVE RESIDENT

Observe whether staff consistently implement the care plan over time and across various shifts.

- ☐ ☐ Care provided by qualified staff
- ☐ ☐ Care plan correctly implemented
- ☐ ☐ Resident free of any negative outcomes related to provision of care and services

Delivery of care:

- ☐ ☐ Infection control practices used for hand washing
- ☐ ☐ Infection control practices used in provision of care for catheter, tubing, and collection bag and cleansing resident's perineal area from front to back

F315 – RESIDENT with INDWELLING CATHETER

Review CARE PLAN continued

- ☐ ☐ Hygiene measures (e.g. catheter care and perineal care, protective moisture barrier creams) used to prevent skin breakdown from prolonged discharge or exposure of skin to urine
- ☐ ☐ Measures (such as anchoring catheter, avoiding tugging on catheter during transfer and care delivery) used to prevent inadvertent catheter removal or tissue injury from dislodging the catheter
- ☐ ☐ Urinary leakage from the point of catheter insertion to bag assessed and managed
- ☐ ☐ Respectful response provided to resident when leakage from catheter experienced or catheter care provided
- ☐ ☐ Catheter related pain (e.g., bladder spasms) or other complaints (e.g., ongoing feelings of needing to void) assessed and managed
- ☐ ☐ Potential signs and symptoms of symptomatic UTI or other changes in urine condition (such as onset of bloody urine, deepening/concentrating urine color, cloudiness, oliguria) recognized and managed

Resident's Room:

- ☐ ☐ Bed linen chair, and cushions free of brown circles or rings
- ☐ ☐ Bed linen, chair, and cushions free of urine odors
- ☐ ☐ Floor free of urine

Resident:

- ☐ ☐ Clothing free of being saturated with urine or having a urine odor
- ☐ ☐ Skin free of skin integrity, maceration, erythema, or erosion problems
- ☐ ☐ Does not express embarrassment or humiliation due to catheter use or leakage

Resident with hydration concerns:

- ☐ ☐ Provided and encouraged to consume sufficient liquids to meet hydration needs and to address risks of UTI and constipation (approximately 30 ml/kg/day or as indicated based on resident's clinical condition)
- ☐ ☐ Provided alternative approaches to encourage fluid intake (such as frozen products, gelatins, soups) when s/her consumes less liquids than indicated

INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE

- ☐ ☐ Were you involved in development of your care plan, approaches and goals?
- ☐ ☐ Do the care plan interventions reflect your choices and preferences?

F315 – RESIDENT with INDWELLING CATHETER

INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE continued

- ☐ ☐ Can you tell me how long catheter you have had a catheter?
- ☐ ☐ Can you tell me why you have a catheter?
- ☐ ☐ Can you tell me how often staff provide care for your catheter and who should provide it?
- ☐ ☐ Are you free of experiencing discomfort/pain related to use of catheter?
- ☐ ☐ Can you tell me where your pain is located, what is causing it, and what staff do to manage it?
- ☐ ☐ Have you ever refused any intervention or treatment related to the use of the indwelling catheter or its care?
- ☐ ☐ Have you participated in any discussions about the potential impact of your refusal of any intervention or treatment related to the use of an indwelling catheter or its care??
- ☐ ☐ Did staff offer you other alternatives or other approaches when you refused the intervention or treatment related to the use of the indwelling catheter or its care?
- ☐ ☐ Were you involved in revising any care plan strategies & interventions when an intervention or treatment related to the use of the indwelling catheter or its care did not work or you refused them?

Resident who has a urinary tract infection:

- ☐ ☐ Can you tell me how long have you been treated for a urinary tract infection?
- ☐ ☐ Are you free of discomfort related to having a urinary tract infection?

INTERVIEW DIRECT CARE STAFF

Code based on person verbalizing appropriate answers on the questioned issue.

- ☐ ☐ Tell me about the training you have received on how to handle catheters, tubing, drainage bags, and other devices used in provision of care; and how you use it.
- ☐ ☐ What, when, and to whom do you report changes in the resident's status regarding changes in bladder and bowel function, such as frequency and character of urine, changes in hydration status, concentrated urine, and complaints of potential UTI symptoms (e.g., change in odor, color, cloudiness).

INTERVIEW PRIMARY CARE NURSE OR CHARGE NURSE

Code based on person verbalizing appropriate answers on the questioned issue.

Identify staff interviewed and their title _____

F315 – RESIDENT with INDWELLING CATHETER

INTERVIEW PRIMARY CARE NURSE OR CHARGE NURSE continued

- ☐ ☐ What is the justification for using a catheter for the resident?
- ☐ ☐ What attempts have been made to remove catheter and what were the results?
- ☐ ☐ Tell me about the resident's history of UTIs: present, recurring, persistent or chronic.
- ☐ ☐ What interventions are in place to prevent the resident from having UTIs?
- ☐ ☐ How do staff solicit and obtain input from resident and their representative during development or revision of plan of care?

INTERVIEW OTHER HEALTH CARE PROFESSIONALS

Complete if care provided or interventions defined do not appear not to be consistent with recognized standards of practice. Interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse director of nursing) who, by virtue of training and knowledge of resident, should be able to provide information about causes, treatment, and evaluation of resident's condition or problem. If attending physician is unavailable, interview medical director.

Code based on practitioner or professional's appropriate response to following questions.

Identify staff interviewed and their title _____

- ☐ ☐ How was it determined that use of an indwelling catheter was appropriate?
- ☐ ☐ Why were there no interventions for identified risks related to catheter use?
- ☐ ☐ What additional or different interventions were developed when the resident had a change in condition?
- ☐ ☐ How were current interventions validated for effectiveness?

AFTER REVIEW OF FINDINGS, QA COORDINATOR or DESIGNEE SHOULD DETERMINE if the facility

For a resident who was admitted with urinary catheter or who had one placed after admission:

- ☐ ☐ Recognized, and consistently assessed and addressed factors affecting resident's urinary function and identified clinical rationale for use of urinary catheter upon admission and as indicated thereafter
- ☐ ☐ Identified and applied relevant policies and procedures to manage urinary catheters
- ☐ ☐ Implemented approaches for management of indwelling urinary catheter based upon standards of practice including infection control procedures
- ☐ ☐ Provided medical justification for the use of catheter, including diagnosis
- ☐ ☐ Provided needed services for resident with a urinary catheter

F315 – RESIDENT with INDWELLING CATHETER

AFTER REVIEW OF QA TOOL, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if the facility

- ☐ ☐ Implemented pertinent preventive interventions to try to minimize complications from the urinary catheter and to remove the catheter, if clinically indicated, in accord with resident's need and current standards of practice
- ☐ ☐ Monitored and evaluated the resident's response to interventions
- ☐ ☐ Revised approaches to intervention as appropriate

For resident, who is at risk for a urinary track infection or who has or had a urinary tract infection:

- ☐ ☐ Recognized and consistently assessed and addressed factors affecting risk of urinary tract infections and impaired urinary function upon admission and as indicated thereafter
- ☐ ☐ Identified and applied relevant policies and procedures to manage urinary tract infections
- ☐ ☐ Identified and managed symptomatic urinary tract infections or explained adequately why they could not be identified and managed
- ☐ ☐ Implemented preventive interventions to try to minimize occurrence of symptomatic urinary tract infections & to address correctable underlying causes to remain consistent with the resident's assessed need and current standards of practice
- ☐ ☐ Monitored and evaluated the resident's responses to preventive efforts and treatment interventions
- ☐ ☐ Revised approaches as appropriate
- ☐ ☐ Notified physician of the resident's condition status or development of symptoms that may represent a symptomatic UTI (in contrast to asymptomatic bacteriuria).

QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE

- ☐ ☐ If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) for the resident's use of an indwelling catheter and/or symptomatic urinary tract infection and the impact upon the resident's function, mood, and cognition? F272
- ☐ ☐ Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment related to the use of an indwelling catheter and to prevent a urinary tract infection, to the extent possible, in accordance with the assessment, resident's wishes, and current standards of practice? F279
- ☐ ☐ Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? F282
- ☐ ☐ Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? F280

FOLLOW UP "NO" ANSWERS TO DETERMINE NEED FOR CORRECTIVE ACTION PLAN AND REPEAT COMPLETION OF TOOL ON SAME RESIDENT WITHIN TWO WEEKS FOLLOWING IMPLEMENTATION OF CORRECTIVE ACTION.